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ABSTRACT

This manual, the first of a two-part study, describes an assessment and planning approach which school psychologists may employ in working with low incidence, severely handicapped students. Past assessment approaches are criticized for being nonfunctional and largely irrelevant; the proposed approach is directed to helping students achieve the criterion of ultimate functioning. Research is considered on the role of school psychologists and on the evolution of assessment strategies for individuals with low incidence handicaps. Six phases of the functional, chronologically age appropriate assessment/planning system are reviewed: collection of background information, observation, preliminary ecological analysis, data based evaluation, and evaluation of results. An example of a parent/guardian inventory is provided. (CL)

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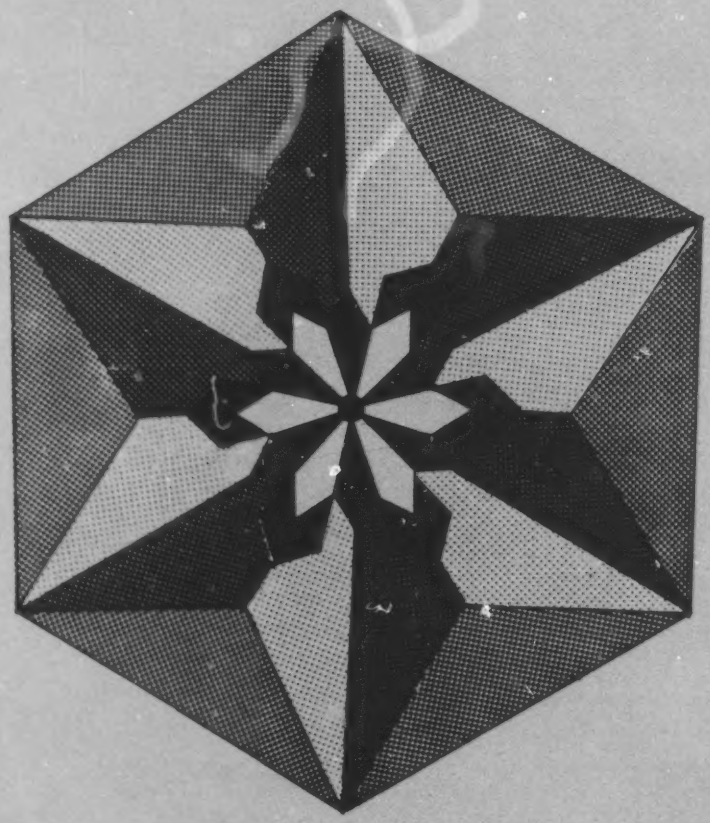

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School Psychological Services

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Assessment and Planning With Low Incidence Populations: A Functional and Chronological Age Appropriate Approach for School Psychologists

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Abstract

The purpose of this paper is to define an assessment and planning approach that can be used by school psychologists in working with low incidence handicapped (LIH) students. The approach advocated is functional and chronologically age appropriate. Research is reviewed to provide insight into possible alternatives the school psychologist might try when working with this population. Parent and teacher assistance is necessary for this approach to work. Procedures to attain these goals are included. This paper is the first of two on this subject. The reader is referred to Susan Epps (1983) paper, entitled, "Designing, Implementing, and Monitoring Behavioral Interventions With the Severely and Profoundly Handicapped."

Assessment and Planning With Low Incidence Populations: A Functional and Chronological Age Appropriate Approach for School Psychologists

School psychologists assigned to provide services to programs serving low incidence students are finding that the expertise they have to offer this population is falling far behind that of other professionals working with this group. How have school psychologists found themselves in this position? Reviewing the past might be an indicator of the antecedents to this dilemma.

School Psychologists' Dilemma

In the past, assignments to these programs might have been left to: 1) the first-year school psychologist (i.e., "to round out your skills--of course"); 2) those school psychologists who had been around since the first three-hole formboard was put in a kit, and who were now undergoing certain "philosophical differences" with their supervisors; or finally, 3) those isolated cases where a particular school psychologist exhibited an interest in that population. Since the commitment and desire to work with this population varied on the part of the school psychologists involved, so did the services they provided. How did the school psychologists react to this population? They tried to provide the same type of service, using similar assessment tools that had made them a mainstay in other

educational programs. What then, was the result?

Mulliken (1980) points out that some school psychologists in the evaluative situation declared "this child is untestable," blaming the child rather than admitting to a deficit in the requisite skills; or, by stating the obvious (e.g., "Yes, he is impaired."), writing comments that confirmed the reason for referral, but did not lead to educational recommendations that could be used by the teacher.

After their initial experience of assessment with this population, some school psychologists were not "breaking down doors" to go back to their programs. Finkle, Hanson, and Hostetler (1983), stated that the fears experienced could be rationalized as temporary feelings of uncertainty due to a lack of familiarity with the population, and also the need for more knowledge and competencies to initiate new evaluative techniques. Some school psychologists tried to change their techniques through the use of such things as developmental schedules, make-shift adaptions of standardized tests, or other measures of adaptive behavior which gave an idea, based on what the student could not do, of "how retarded" the student was who was being evaluated. One difference with these changes was that school psychologists could give recommendations based on what the student could not do. Usually this meant training the first three skills

missed on a checklist. Although this provided more information than simply reporting the results of a norm-referenced evaluation (e.g., mental or developmental age), this probably also put the final nail in the coffin for school psychologists. Although at that time it appeared to be a step in the right direction, there was little follow up. Instead, this brief assessment was completed, and the results were then plugged into curriculums, which were most likely based on normal human development. These are represented by stage theories emphasizing what Brown, Branston, Hamre-Nietupski, Pumpian, Certo, and Gruenewald (1979) described as "bottom-up" sequences. This is where skills are taught which are presumed to occur first in developmental sequences, followed by the teaching of skills which occur at progressively older ages. To illustrate this, imagine Timothy, an eleven year old student who was referred in an attempt to find his level of functioning. The school psychologist stated that Timothy was functioning below the one year level. One of the recommendations was to make Timothy more "cognitively aware," Based on the performance on the cognitive section of the developmental checklist used, the examiner looked at the last item Timothy passed (finds a partially hidden object) and recommended the next two items (touches toy or adult to restart activity, and distinguishes between friendly and angry voices) as objectives for the

next individualized education plan (IEP).

By following this method, school psychologists found themselves participating in conferences which are characterized by the four following vignettes described by Brown et al. (1979):

The MA-CA discrepancy hypothesis

> Yes, Mr. Jones, your child is 20 years old and will complete school in 10 months, but he has a mental age of 4. That is why we are teaching him to sing, 'When you're happy and you know it clap your hands'; that is why we are teaching him to touch long as opposed to short, to touch big as opposed to little, and to touch a card with four pennies taped to it. (p. 81)

The earlier stage hypothesis

> Yes, Mrs. Smith, your child is 18 years old and will finish our training program shortly. However, you must realize that developmentally she is only functioning at the tertiary-phallic-near receptor-olfactory channel-early preoperational level. That is why we are teaching her to imitate foot stomping to match plastic spoons to pictures of plastic spoons, to open and close the world's largest artificial and nonfunctional zipper, and to pass a bean bag to the person next to her in a circle. (p. 82)

The "not ready for" hypothesis

> Yes, Mrs. Johnson, your child will be completing

school in a year or so, and we agree with you in theory that your child should be taught to perform chronological-age-appropriate and functional skills in natural environments. However, the results of our multidisciplinary evaluation clearly indicate that your severely handicapped child is not ready socially, emotionally, intellectually, physically, economically, cognitively, politically, religiously, ethically, linguistically, and conceptually to learn to perform the skills you are requesting. However, when she progresses through the successive, vertical, linear, developmentally sound, ontogenetically determined, yet possibly invalid sequences that we have arranged, maybe then she will be ready to learn to perform chronolgical-age-appropriate functional skills in natural environments. (p. 82)

The artificial-approximation hypothesis

Certainly, Mrs. White, we could attempt to teach your child to perform chronological-age-appropriate and functional skills in natural environments. However, such a totally functional orientation would result in only 'spotty' development; would be treating the symptom and not the cause; would be very short-sighted, anti-intellectual, and anti-

> academic; would be teaching 'splinter' skills; and would be extremely cumbersome to many administrators, teachers, and unions. You will just have to trust us in that we are teaching approximations of those skills. (p. 82)

Though humorous in their presentation, the points made by the vignettes are clear. The sharing of the evaluative information relied heavily on attempts to obtain results through the use of the norm-referenced test, or other techniques with questionable validity (i.e., that is in terms of the applications of the test results as they relate to those who are seeking the information, whether it be the teacher, parent, etc.), left the school psychologist in the position of having little meaningful input into the education of these children. This is in direct conflict with the supposed role of the school psychologist. It is our job to have data which will be meaningful!

Why did this approach to assessment fail? Sailor and Guess (1983) state that the assessment systems being used failed to contain relevant and functional items. It was difficult to teach these items and incorporate them into long term goals for the students program. They further state:

> The reasons for these failures are many, but the principal one is a lack of substantive knowledge

> on how patterns of learning under instruction with severely handicapped students differ from patterns of normal development upon which most standardized assessment systems are based. Secondarily, assessment systems have been constructed as if skills were able to develop in isolation rather than in relationship to each other and to the requirements of different environments. (p. 117)

How did school psychologists react? For many it was the first time their training had not provided them with the skills necessary to do what was asked of them. This had not been a problem in the past, as historically public schools excluded this population (Wolfensberger, 1972). The dilemma created by their use of norm-referenced assessments, which evolved out of their traditional training, placed school psychologists and others involved with assessment at the back of the pack in regard to having meaningful input about the student's program.

Noting the dilemma that was arising in terms of how to serve this population effectively and most efficiently, professionals from various disciplines (e.g., teachers of the severely handicapped, preservice university trainers in special education, curriculum consultants, psychologists associated with institutional programs, etc.)

began to develop strategies and techniques which could be used in the education of this population. The tremendous increase in research since the 1970s regarding the severely and profoundly retarded, became so dramatic Haywood (1979) questioned what had happened to (the amount of research pertaining to) mild and moderate mental retardation. Yet, little of the research in this area was contributed by school psychologists. It is possible that there were few school psychologists to take over the work that had been done by those psychologists working with the students who had previously resided in institutional settings. Thus, when the public schools began to program for these students, psychological or behavioral assistance was not always provided, or if it was, not always appropriate.

Does this mean that school psychologists have nothing to offer this population? On the contrary, school psychologists have a great deal to offer based on their traditional training . . . with some modification.

The purpose of this paper is to present ideas, techniques, and procedures that can be used by school psychologists as an alternative in working with this population. This alternative approach will illustrate how assessment and planning strategies can be combined. It is in this last statement that the author sees the importance in the role of the school psychologist in

the programs for students with low incidence handicaps.

Target Population

For the approach that the author is advocating for assessment/planning strategies, this would include the severely and profoundly mentally retarded, multiply handicapped, deaf/blind, severely physically handicapped, and in some cases those students who are functioning at the lower end of the moderate range of mental retardation. This appears to be a heterogeneous group with far ranging disabilities and skills.

Though helpful for classification purposes, the school psychologist needs to rely on more than Grossman's (1977) definition that the severely and profoundly retarded are those individuals whose performance falls more than four standard deviations below the mean on a standardized intelligence test. The school psychologists who relied solely on this premise without looking at the adaptive behavior Grossman includes, were the ones who often handed the referring agent a score and a label, but no additional information to use for teaching new skills to their students (DuBose, Langley, and Stagg 1977). This is truly unfortunate as the concept of adaptive behavior is excellent, yet some refinement in the concept might be needed.

As heterogeneous as the group is, so are the definitions which attempt to describe those individuals included. Baker (1979) reviewed 23 articles which included the term

"severely handicapped" in the title. After reviewing the articles, Baker proposed the following definition:

> The severely handicapped individual is one whose ability to provide for his or her own basic life-sustaining and safety needs is so limited, relative to the proficiency expected on the basis of chronological age, that it could pose a serious threat to his or her survival. (p. 60)

Sontag, Smith, and Sailor (1977) viewed the individuals who make up this hetergeneous group as being "functionally retarded." Their purpose is not to group or categorize these individuals, but to point out common aspects that are possible with all the groups that the author is including in the target population. Sontag, Burke, and York (1973) provided a description of severely handicapped individuals which has been discussed a great deal.

> Those who are not toilet trained; agress towards others; do not attend to even the most pronounced social stimuli; self-mutilate; ruminate; self-stimulate; do not walk, speak, hear, or see; manifest durable and intense temper tantrums; are not under even the most rudimentary forms of verbal control; do not imitate; manifest minimally controlled seizures; and/or have extremely brittle medical existences. (p. 21)

Snell and Renzaglia (1982) add a positive connotation to the graphic description made by Sontag, Burke, and York by stating that these are some of the possible pretreatment characteristics of a severely handicapped individual. They further state that this does not mean that all students will have all, most, or even some of the characteristics mentioned. Their intent is to show that, due to the widely diverse skills and behaviors exhibited if appropriate intervention is absent, maladaptive behaviors will most likely occur. For the purposes of this paper, due to the wide ranging skills and numerous labels involved, the target group will be referred to as those individuals with low incidence handicaps.

Changing to a More Functional Philosophical Base

Why are we offering another approach to the assessment and planning of this group? It is the author's contention that programs for low incidence handicapped (LIH) students should continue to be developed in the public schools. Though the appropriateness of these individuals in public school classes have been raised (Burton and Hirshoren, 1979; Kauffman and Krouse, 1981; Baumeister, 1981) research has demonstrated that this type of educational setting for programming is appropriate (Sontag, Burke, and York, 1973; Brown, Wilcox, Sontag, Vincent, Dodd, and Gruenewald, 1977; Sontag, Certo, and Button, 1979). For a more complete

review and analysis of the "educability debate" the interested reader is referred to Orelove (in press).

Why is there opposition to this nontraditional educational approach? Brown, Nietupski, and Hamre-Nietupski (1976) refer to it as the Logic of Homogeneity. For some reason our society sees homogeneity as a generally positive objective. In describing this assumption, these researchers point out something that school psychologists have done with this group all along; grouping according to similarities and differences. They further discuss how special education has subscribed to this logic wholeheartedly. We have special classes, special schools, classes for this group, for that one, etc. What they are asking is to review carefully and reject when possible this type of logic, and move more towards the Logic of Heterogeneity, which simply states that persons of differences or dissimilarities in most aspects of their existence should interact. DuBose, Langley, and Stagg (1977) remind us that no matter how low the functioning level of a student, each student is an active agent who operates on and is influenced by his/her surrounding environment. If we do not provide appropriate opportunities for the students to learn, how may we expect them to learn appropriate behaviors? If we segregate and offer tasks which are not age appropriate, what do we gain? What is the point of our efforts? What are we trying to

achieve? Is it simply that we are attempting to benefit the majority? The efforts that were put forth by parents and professionals involved with this population prior to the time of public school programming and federal/state legislation should not be discarded. We are in a position to move forward with this population. To become complacent with what we have achieved would be a grave error on our part.

The goal of this approach to assessment and planning with this population will help them to achieve the criterion of ultimate functioning. This should not be such a surprise as it is the same criterion that we really use for all students. This refers to the changing, expanding, localized, and personalized cluster of factors needed for a person to function as productively and independently as possible in socially, vocationally, and domestically integrated adult community environments (Brown et al., 1976).

Perceptions of School Psychologists

Although there is little research in terms of school psychologists' exposure to low incidence populations, it is an important variable to consider, in terms of why school psychologists have had difficulty in assessing this type of student. Goh (1977) reported that the school psychology training programs were designed to train psychologists to work primarily with children at the elementary school level, followed by junior high and senior high levels. Although the trainees are likely to be involved with cases diagnosing

mental retardation occasionally, it is highly doubtful that they are exposed to more than a few cases of children with low incidence handicaps. If more exposure, using innovative techniques, could be provided in the training programs, it might help to reduce some of the uncertainty in regard to low incidence assessment which faces school psychologists out in the field. If innovative techniques are not attempted, increased exposure could also lead to greater use of outdated procedures. School psychologists need to change their perceptions, so that they will be able to contribute in this area of impairment.

The role of a school psychologist can be affected by many variables. The perceptions that teachers have of school psychologists may either enhance or restrict their effectiveness in the schools (Bardon and Bennett, 1974). Ford and Migles (1979) surveyed 150 teachers and asked each the importance of 12 potential roles for the school psychologist (e.g., counseling, consultation, psychodiagnostics, etc.). Survey results indicated that teachers perceive the psychologist's role as one of screening children for placement and diagnostic testing, and for the purpose of providing relief for them from problematic situations. They also view the psychologist in the role of providing more remedial than preventive services to teachers, with the stipulation that the psychologist not intrude into the

territory of the teacher or what they might consider educational programming, unless invited to do so.

Consistent with these results were Tidwell's (1979) findings that, traditionally, other school personnel view the school psychologist's role as one involving student assessment. Are these perceptions that others have of school psychologists being encouraged by school psychology training programs? Zane, Sulzer-Azaroff, Handen, and Fox (1982) reported that little empirically derived information is available regarding what curriculum should be included in training programs for psychologists serving developmentally disabled students. They sent a survey to university faculty and service agency personnel asking them to rank 14 competency areas in terms of importance for psychologists in the field of developmental disabilities. Based on the ratings of 45 respondents, both groups saw behavior analysis as the most important. University personnel also ranked assessment techniques, interventions, and legal issues as being important. Service agency personnel rated social skills as being the next most important, followed by intervention and assessment techniques. Goh (1977) elicited information from 99 school psychology graduate training programs to examine what the areas of emphasis are in training school psychologists. His findings were consistent with subsequent research (Ford and Migles, 1979;

Tidwell, 1979). Generally, the training programs placed the strongest emphasis on the area of assessment, followed by consultation and intervention techniques. Therefore, the perceptions of teachers and other school personnel concerning the psychologist's role as the "student tester person," appears to be consistent with the training that the majority of school psychologists receive. Keogh, Kukic, Becker, McLoughlin, and Kukic (1975) interviewed 58 school psychologists from 10 school districts. Their results also concluded that the psychologists were spending a majority of their time in pupil assessment.

School psychologists have indeed fulfilled the role perceived for them by others, that of "test givers" (Tidwell, 1979). Because of this role, the effectiveness of the school psychologist has been restricted (Bergan, 1977), especially for low incidence populations. This emphasis on assessment also appears to have had a negative impact on communication with teachers. School psychologists are mainly concerned with the preparation of evaluative reports, reducing their opportunities to interact with the classroom teacher. They are frequently not aware of current educational terms (e.g., cues/prompts, fading/chaining, partial participation, inventories, etc.) that are being used in the classroom. leading to frequent communication breakdowns between the school psychologist and the classroom teacher.

In addition, many teachers see the school psychologist's activities as providing information irrelevant to what is actually occurring in the classroom (Gilmore and Chandy, 1973). It is imperative for school psychologists to follow Tidwell's (1979) suggestion and pattern their assessment strategies in such a way that the results can be used effectively by the teacher.

Assessment Strategies

Forcade, Matey, and Barnett (1979) have examined the problem that is now confronting school psychologists in regard to the assessment of low incidence populations. Many of these students have been declared "untestable," or else have undergone traditional evaluations that have yielded little information. The information that has been obtained has usually been of little direct benefit to the student or to the teacher in the formulation of the IEP. If school psychologists could familiarize themselves with various assessment strategies, they could then serve the teacher in a consultive role. Through this process, the teacher could then begin to rely more on the input of the school psychologist. Forcade, Matey, and Barnett have established some procedural guidelines for low incidence assessment. Their approach has four components: establishment of rapport, parental interviewing, observational techniques, and traditional as well as adaptive use of standardized tests.

This approach is also quite similar to the psychosituational assessment model (Ellett and Bersoff, 1976), as the evaluation is primarily concerned with the uniqueness of the child and the establishment of developmental levels (e.g., motor, social, self-care, cognitive, and communication), instead of the maintenance of standardized procedures. This is still a problem, as developmental levels are norm-referenced.

These approaches have serious implications for the school psychologist in terms of whether or not to abandon traditional, standardized formal types of assessment techniques in favor of a more informal procedure. The ability of school psychologists to do this would probably depend on their knowledge and experiences in using these less traditional assessment instruments.

Drew, Freston, and Logan (1979) have examined the uses of information yielded from the types of traditional assessment that have been used with higher functioning groups, and have found them to be of little use to the teachers who are faced with classroom instructional problems on a daily basis. It appears that in the past the reasoning behind this need for psychologists to maintain traditional types of assessment, were associated with the importance given to deriving some sort of intelligence test score. This was believed to be indicative of the child's summative abilities (Budoff and Hamilton, 1976), or at least established a level of

performance that could be compared with the norm group like, for example, a developmental age or level.

Adams (1973) studied the emphasis placed on intelligence test scores in the classification of levels of mental retardation by psychologists and physicians. The findings suggest that an overwhelming emphasis is placed on the intelligence test score. Physicians would even discount their own judgment based on direct observation and parental interviews, if it did not coincide with the results of the psychological evaluation. Adams also concluded that the level of retardation did not seem to influence the reliance upon the intelligence test score, since the importance of social quotients as opposed to intelligence test scores was even less for children below the educable range.

The emphasis on the importance of a single intelligence test score has dwindled, probably due to: 1) the increased production of adaptive behavior instruments; 2) the emphasis on multicultural assessment (Mercer, 1974); and of course, 3) the passage of PL 94-142, which states that no single procedure can be used as the sole criterion for determining an appropriate educational program for a child. It has also helped that more psychologists have spoken up. Faris, Anderson, and Greer (1976) reviewed several studies which pointed out the growing dissatisfaction with traditional assessment procedures. Their references

illustrate the belief that the classification process as an end in itself has been refuted as nonfunctional and even detrimental. They go on to sight further research which shows that the generalities of intellectual or etiological classifications do not assist in providing educational strategies.

There has been research concerning the predictive value of infant scales in assessing multiply handicapped children (DuBose, 1977), and the selection and recommendation that the Stanford-Binet Intelligence Scale (Form L-M) is the more commonly used of the present existing standardized intelligence tests to administer to severely and profoundly retarded children (Evans and Richmond, 1976; Faris et al., 1976; Robinson, 1980). Even with this information, it appears that there is continued focus pertaining to the development of better and more appropriate measures of adaptive behavior.

Given this information, what can the school psychologist do to get on the right track in regard to assessment of this difficult population? One way to alleviate this problem is for school psychologists to "functionalize" their assessment and planning techniques. By doing this, the information their assessments yield will be worthwhile and relevant to the needs of the classroom teacher. If functional, it will also include information which will benefit the student over the long term. Assessment

combined with planning and intervention (Epps, 1983) is the key to making this approach successful.

Approach to Functional Assessment

Assessment must be functional. Everything we have discussed up to this point (i.e., difficulties, inappropriate techniques, etc.) supports this assumption. Our efforts should assist the teacher in beginning or continuing the teaching of chronological age appropriate functional skills in natural settings, to students with low incidence handicaps. Brown, Branston, Hamre-Nietupski, Pumpian, Certo, and Gruenewald (1979) describe the concept of "functionality" as the examination of the usefulness of a skill or activity, across environmental settings the student is involved with both now or possibly in the future. An example of this is the exaggerated use of a pegboard in a class for the severely handicapped. Is it a functional age appropriate task for a 20 year old student? How many pegboard factories are located in your community? A more functional, age appropriate task might be to train the assembling of a three piece cotter pin kit that is packaged by a local company, which is also an entry level requirement at an adult workshop program in the community.

If assessment is to be functional, so must the tasks that are to be assessed. Brown, Nietupski, and Hamre-Nietupski (1976) offer six questions for consideration in

line with their concept of the criterion of ultimate functioning, which should be asked before any interaction with a student begins:

1. Why should we engage in this activity?
2. Is this activity necessary to prepare students to ultimately function in complex hetergeneous community settings?
3. Could students function as adults if they did not acquire the skill?
4. Is there a different activity that will allow students to approximate realization of the criterion of ultimate functioning more quickly and more efficiently?
5. Will this activity impede, restrict, or reduce the probability that students will ultimately function in community settings?
6. Are the skills, materials, tasks, and criteria of concern similar to those encountered in adult life? (p. 9)

With this in mind, the initial six phases of the assessment/planning system advocated by the author are presented (Figure 1). This system is meant to be a catalyst

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Please see Figure 1

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for longitudinal service to a student and significant others

Assessment and Planning System

I. Collection of Background Information

- A. Medical information.
- B. Review of support services input.
- C. Review of past educational programs and strategies attempted.
- D. Completion of parent/guardian inventory.
- E. Teacher/Support service personnel interview

II. Observation

- A. Asset/Deficit behaviors/Level of participation.
- B. Response to cues/correction procedures.
- C. Response to reinforcers.
- D. Miscellaneous.

III. Conduct Preliminary Ecological Analysis

- A. Current environments.
- B. Subsequent environments.

IV. Adminstration of Adaptive Behavior Instruments

V. Conduct Data Based Evaluation

- A. Select tasks for assessment.
- B. Complete task analysis for selected training tasks.
- C. Conduct baseline in subenvironment.
- D. Assess/Train through utilization of
    1. cues/correction procedures
    2. level of participation
    3. use of adaptive equipment
    4. use of appropriate reinforcers
- E. Take meaningful data more than once.

VI. Evaluation of Results

- A. Analysis of Phase V information.
- B. Reevaluate inventories/IEP consideration for future objectives.
- C. Writing evaluation report.
- D. Parent/Teacher conference and follow-up.

Figure 1

in his environment. There have been too many short term or episodic contacts made with the outcome being negative, causing frustration to parents and teachers of LIH students (Brown et al., 1976).

This approach arises from several philosophies. The influence of ecological psychology (Scriver, 1973; Sanders, 1978; Thurman, 1977; Swanson and Watson, 1982) exists with the behavioral approach. It hopefully reflects the philosophy of Snell and Renzaglia's approach presented in their excellent chapter "Moderate, Severe, and Profound Handicaps," in Haring (1982). Finkle et al.(1983) and Mulliken (1983) have also proposed procedures for LIH populations which reflect the author's position, that school psychologists are looking for alternative approaches.

PHASE I: Collection of Background Information

A. Medical information. The school psychologist can be sure that any student with a LIH, or suspected LIH, will have an extensive amount of medical information available, regardless of the student's chronological age. Careful review of this material can provide the school psychologist with information that might be useful during the evaluative process (e.g., student prone to seizure, possible behavioral effects due to etiology of retardation, hearing and vision status, physical disabilities, etc.).

B. Review of support services input. This would include the brief review of information in the form of previous

reports, programs, or recommendations from support service areas (e.g., psychological/behavioral information, speech/language, occupational/physical therapy, vocational education, adaptive physical education, etc.) Caution should be used in reviewing information in this and the next section as "too much" information can alter the objectivity of the examiner as he or she approaches the evaluation.

C. Review of past educational programs/strategies attempted. This type of information can usually be obtained from previous staffing reports or individualized educational programs. Information relevant in this area would pertain to previous programs, curriculum emphasis, progress towards educational goals, and overall "functionality" of previous educational strategies attempted with the student. This review of this information is one way to avoid recommending strategies that have already been attempted.

D. Completion of Parent/Guardian inventory. This is the most vital aspect of the first phase, with the exception of the Teacher/Support personnel conferences which can be just as important, when needed to clarify previously obtained information.

In 1979, the Iowa Department of Public Instruction began to sponsor the development of community-based educational programs for moderately and severely handicapped students (Bates, Hamre-Nietupski, Nietupski, and Maurer, 1982).

Through the technical assistance provided by specialized consultants who worked in school districts throughout the state, certain materials became available for implementation at replication sites. Included in these materials was a parent inventory which was devised by faculty members at the University of Wisconsin-Madison and the Madison Metropolitan School District. Those replication sites that utilized this inventory were able to obtain this information: 1) the parent's perceptions of their child's abilities; 2) the opportunities they provided for their child presently; and, 3) their thoughts pertaining to what the future held for their child. Information was obtained across the following domains: domestic, recreation/leisure, community environments, and vocational. This information was and will continue to be informative and necessary to the school psychologist for the following reasons: 1) it provides insight into the thinking of the parents; 2) illustrates whether family members have a realistic understanding of their child's handicapping condition; 3) provides possible objectives for educational programming; 4) points out expectations parents have of their child; 5) obtains responses pertaining to future or subsequent environments in which their child might participate; 6) provides a forum for parents to respond on their own time within the privacy of their home about all aspects of their child's life; and 7) brings to

light certain issues that parents or other family members might find difficult to adjust or accept (e.g., community services, hardships of having a LIH child, access, transportation).

E. Teacher/Support service personnel interview. These informal meetings are for the purpose of obtaining background information from the classroom teacher and significant others in the educational program of the particular student being evaluated. The initial meeting with the teacher is an important one, since this approach advocates joint communication and teacher participation throughout the evaluation process, especially in Phase V. If nothing else is conveyed in the meeting, it is imperative that the school psychologist establish a trusting rapport with the teacher that will carry on throughout the assessment/planning process. If the school psychologist is able to assure the teacher that they will see this through with the assistance of the teacher, the teacher will be more willing to participate.

PHASE II: Observation

A. Asset/Deficit behaviors/Level of participation. Carlson, Scott, and Eklund (1980) comment on the difficulty for the school psychologist to determine the least restrictive environmental placement for a student or that student's adaptive behavior without a systematic examination of the student's environments or a framework for which to attach behavior meaningfully to the environments observed.

Since this might be the first time that the school psychologist has had the opportunity to observe the student in question, it is important to try to obtain visually as much information as possible on what makes the student "tick."

Asset behaviors would be those skill or movements which the student has in their possession, or is in an emergent state of obtaining, which would enable the student to successfully complete or participate in tasks or activities which are provided as part of the daily routine. Deficit behaviors would then be those behaviors the student had not yet acquired, but was being exposed to in the educational program. Included in this group would also be those maladaptive or inappropriate behaviors (e.g., self stimulation, mouthing, etc.) which would hinder the possibility of the student learning appropriate behaviors.

"Level of participation" refers to the degree of independence the student demonstrates in the performance of tasks/activities in the daily routine. This can vary from being independent, to totally dependent.

B. Response to cues/correction procedures. Notations must be made on how the child responds to certain instructional strategies. For our purposes, a cue refers to the information given to the student prior to a response. A correction procedure is additive information, corrective in nature,

which is given after a response has been made, to illustrate to the student that their response was incorrect. Falvey, Brown, Lyon, Baumgart, and Schroeder (1980) delineate a cue/correction hierarchy beginning with the most intrusive level. It starts with a primed correction procedure (e.g., where physical assistance is necessary), followed by modeled, direct verbal, indirect verbal, gestural, and finally, the least intrusive cue/corrective procedure being pictorial. D. P. Wacker (personal communication, September 6, 1983) has utilized an approach that has been quite successful. Ratings will be made on how a student responds, based on a 1-15 scale, with 1 representing a nonverbal/sign cue and 15 representing a complete physical prompt. The special feature of this method is that the scale steps are not hierarchial. Wacker will observe where the student is now and what kind of cue will it take for the student to be successful in their natural and subsequent environments. With these models in mind, the school psychologist can begin to approximate the level of cues/correction procedures which appear to maximize the student's learning, for future use in the evaluation.

C. Response to reinforcers. Though self-explanatory, it is important for the school psychologist to watch for possible reinforcing items/activities which the student responds to positively. Far too often, teachers mention

that they have difficulty in obtaining reinforcers for their students. Paying attention early in the evaluation process might pay off by picking up on possible motivating influences that accelerate positive behaviors in the student. The school psychologist needs to be aware of ways in which the LIH student receives input or sends output from and to their environment. Haughton (1980) designed a performance matrix which included several characteristics under input and output which the author utilizes when searching for possible reinforcing tasks/activities. In regard to input, a student might find motivation from those things they can think about, touch, taste, sniff, see, hear, and feel. Regarding output, a student might find it motivating and reinforcing if they can wave, aim, tap, squeeze, get, pump, rub, shake, or twist some object in their environment. Consideration should also be given to the use of microswitches, to allow students the opportunity to utilize equipment they find reinforcing that they could not operate previously due to their handicap. This is an integral aspect to the evaluation and should not be taken lightly.

D. Miscellaneous. The "catch all" category. This would include any observation which stands out in the eyes of the school psychologist, yet is not covered in any of the preceding areas. The mood of the child, responsiveness, positioning, endurance, use of adapted equipment, and

overall willingness to interact, are just a few behaviors which might be included.

Upon completion of this phase, a short meeting with the teacher might be helpful to check some of the observations noted, and begin to discuss what will happen next. If maladaptive behaviors have been observed, this is also a time to establish a baseline condition for later intervention procedures.

PHASE III: Conduct Preliminary Ecological Analysis

Our goal for LIH students is to try to teach them to function as independently and productively in as many "least restrictive" environments as possible. This assumption was first initiated by Brown, Wilcox, Sontag, Vincent, Dodd, and Gruenewald (1977). We also can not take the luxury of assuming that skills taught within the school walls will be automatically generalized and maintained in nonschool environments (Brown et al., 1976).

We have briefly mentioned the traditional "bottom-up" sequencing of developmental skills, that are a base for many curricula that have been used with LIH students. Even though they are used, to a certain extent, in our approach through the instruments we have to choose from for administration in Phase IV of our approach, there are some obstacles for the classroom teacher to overcome. As students get older, it is difficult to find age appropriate tasks when one tries to follow a bottom-up approach. If a teacher would like to

teach a LIH student who is ambulatory to ride the city bus home, the student might never get the opportunity if they have to go through a developmental curriculum. Instead of spending time in the classroom teaching the student to put a pellet in a small mouth bottle, it might be more functional and age appropriate to teach that same fine motor skill to the 16 year old student by having them place their coins or bus tokens in the slot opening on the bus. In effect, what we are doing is looking at the global or overall environmental picture of where the student might have to be in their daily routine and what skills they might need.

Brown, Branston, Hamre-Nietupski, Pumpian, Certo, and Gruenewald (1979) point out that curricular content for nonhandicapped students is usually divided into reading, math, language, etc. For handicapped students, aside from the areas listed above, curriculum is divided into these skill areas: communication, cognition, self-help, motor, and social development. This again reflects a bottom-up approach. They suggest reversing this process by organizing curricular content into the domain areas previously listed in the parent/guardian inventory: domestic, recreation/leisure, community functioning, and vocational. This would then reflect a top-down approach to instruction. Examples of functional skills divided into domain areas are represented in Figures 2 and 3.

Please see Figure 2

Please see Figure 3

On the left corresponds the bottom-up skill area which illustrates the same skill, only not as age appropriately or as functionally.

With the domains in mind, we may get back to our approach. To do this we must begin to conduct what is called an ecological inventory. What this entails is the delineation of environments where the student lives, works, plays, etc. For the younger student the environments might include home, school, and the park. For older students, who hopefully have more exposure to vocational, recreational, and community environments this might include, home, school, workshop, restaurants, bowling alley, etc. Environments can include those the student is presently involved in and also those subsequent environments in which it is hoped the student will participate in eventually.

After determining the environments, the next step is to delineate and inventory the subenvironments. This would mean taking a look at those smaller units of the larger environments that have already been designated. For example,

	DOMESTIC	COMMUNITY	RECREATION	VOCATIONAL
Communication	follows directions re: cleaning, asks what's for dinner	orders at McDonalds	asks for bowling shoes	asking for assistance, directions
Gross Motor	uses vacuum cleaner	walks on uneven sidewalks--getting in and out of vehicles	bowling, swimming, climbs bleachers	lifts and carrys tray of dishes
Fine Motor	operates kitchen appliances	uses vending machine	unlocks lock of locker	small part assembly
Academic	sets table using 1:1 correspondence	reads menu, adds items on shopping list	paying for movie, adding bowling scores	signs paycheck, checks in for work
Socialization	plays table game	gives and returns social greetings	sits through a movie	small talk at break

Figure 2

	DOMESTIC	COMMUNITY	RECREATION	VOCATIONAL
Self-help	grooming, selects matching clothing	eats in public	undresses, showers, and dresses at YMCA	uses restroom at work, wears work clothes
Sensorimotor	gets silverware out of drawer	scans for cars and trucks	plays pinball, follows the ball	quality control for rough versus smooth

Figure 3

in the environment of the home, possible subenvironments would be the living room, bedroom, bathroom, kitchen, etc. Still honing down our ecological assessment further, the next step would be to inventory possible activities that go on in the subenvironments. Figure 4 illustrates possible activities which can occur in the subenvironment of the kitchen.

Please see Figure 4

Finally, when this information is gathered, one can begin to look at the skills required for participating in a selected task/activity. This is usually done through a task analysis of the task/activity. This will be explained later in the paper.

What about the student who is so multiply impaired that there is no way that they will be able to be independent in any task/activity? This is where the principle of partial participation (Baumgart, Brown, Pumpian, Nisbet, Ford, Sweet, Ranieri, Hansen, and Schroeder, 1980) comes into play. The principle of partial participation states

> Partial Participation in chronological age appropriate environments and activities is educationally more advantageous than exclusion from such environments and activities;

DOMAIN: Domestic

ENVIRONMENT: Home

SUBENVIRONMENT: Kitchen

ACTIVITY: Loading/unloading dishwasher

ACTIVITY: Putting/getting silverware

ACTIVITY: Operating can opener

ACTIVITY: Setting table

ACTIVITY: Clearing table

ACTIVITY: Opening/Closing refrigerator door

ACTIVITY: Turning oven on/off

ACTIVITY: Washing dishes in sink

ACTIVITY: Fixing a sandwich

ACTIVITY: Wiping up area

ACTIVITY: Washing the floor

ACTIVITY: Making a simple meal

Figure 4

> Severely handicapped students, regardless of their degrees of dependence or levels of functioning, should be allowed to at least partially participate in a wide range of school and nonschool environments and activities;
>
> The kinds and degrees of partial participation in school and nonschool environments and activities should result in a student being perceived by others as a more valuable, contributing, striving and productive member of society;
>
> The kinds and degrees of partial participation in school and nonschool environments and activities should be increased through direct and systematic instruction; and
>
> Systematic, coordinated and longitudinal efforts must be initiated at a young age in order to prepare for at least partial participation in as many environments and activities with nonhandicapped chronological age peers and other persons as possible. (p. 158)

Through the use of this principle, even if a LIH student is so impaired that the most we can hope for is that they will be cooperative socially in having their care provided to them in different domain areas, they should

still be provided the opportunity to participate as stated above. To withhold this opportunity is to restrict their potential, which is what we are attempting to assess.

To conduct ecological inventories at this time is where our approach differs most from those offered previously (Snell and Renzaglia, 1982). Why do it at this point? There maybe no other reason than to provide the school psychologist with a mind set, or to stimulate hypotheses which can be evaluated throughout the remainder of the assessment. It also helps us to functionalize the traditional aspects of our approach.

PHASE IV: Administration of Adaptive Behavior Instruments

Coulter (1980) reviews previous work (Coulter and Morrow, 1978a) which defines "psychological assessment" as that which is directed toward either or both identification/placement and intervention/programming. He states that adaptive behavior measures have been designed with at least one of these purposes in mind. How these instruments are selected, administered, and interpreted, are important due to the fact that the instruments used may or may not be suitable (Coulter and Morrow, 1978b).

In the majority of cases, by the time the school psychologist has been brought in on the case of a LIH student, the student has most likely been classified medically, which has educational implications as well.

It is then up to the school psychologist to assist in providing interventive strategies to help the student learn. If no classification has been made, the school psychologist will need to select as appropriate as possible instruments that will serve this purpose. Coulter (1980) states that when adaptive behavior is evaluated for classification purposes, a normal population reference is critical so as to illustrate the significant deviation the student exhibits in comparison to the norm group. For those who work with LIH students, adaptive behavior assessment has become the formal mode of assessment. Even though the selection of an instrument might reflect the bottom-up approach we have cautioned against, it nonetheless provides a way to single out areas of weaknesses, and gives us an idea of the entry level skills (Snell and Renzaglia, 1982) of the student.

Sailor and Guess (1983) advise teachers to use checklists as guides consisting of assessment ideas, not scorable items. They can then be used in conjunction with other data to develop instructional objectives. Sailor and Guess have divided the various measures of adaptive behavior into four standardized assessment systems. Group I systems would be for the purpose of screening and would include instruments like the TARC (Sailor and Mix, 1975). Group II instruments, such as the Pennsylvania Training Model (Somerton and

Turner, 1975) and the UPAS (White, Haring, Edgar, and Bendersky, 1978) are used to determine a student's basal level in performance areas under optimally motivating conditions. Group III instruments are global tools (e.g., AAMD Adaptive Behavior Scale, Public School Version, Lambert, Windmiller, Tharinger, and Cole, 1981; Behavioral Characteristics Progression, Santa Cruz County Public School District, 1975) which are not really aimed at LIH populations and are cumbersome to give. Finally, Group IV instruments are those designed for specific subgroups (e.g., deaf/blind), to render information in a particular area (e.g., communication), or to provide assessment which represents a certain theoretical model. Examples of Group IV instruments would be the Callier-Azusa (Stillman, 1974), Camelot Behavior Checklist (Foster, 1974), and the Ordinal Scales of Psychological Development (Uzgiris and Hunt, 1975). Further reviews of checklist that have been used with this group would be available by reading DuBose (1978), Switzky (1979), Somerton-Fair and Turner (1979), Haring (1979), Langley (1980), White (1980), and Swallow (1981).

Upon completion of the first four phases, the school psychologist will have a great deal of information to sift through and analyze. At this point, certain hypotheses made earlier can be either rejected or extended into the next

phase. Once an analysis of information is complete, another conference with the classroom teacher should be considered. This is also a break from tradition. Given the information in hand, many would sit down and write their reports, and then move on to the next referral. The author would advocate continuing, in an attempt to learn more precisely about the student's skills/abilities. This is where the longitudinal commitment of the school psychologist is rewarded, hopefully by the teacher, as the teacher will begin to take over the assessment, during the next phase!

PHASE V: Conduct Data Based Evaluation

During this phase, the teacher will become more involved with the evaluation than previously. Should this concern the school psychologist? Hopefully not. Remember that while school psychologists were trying to figure out appropriate techniques to use for evaluative purposes, teachers were trying to do the same thing. The only difference was that the classroom teacher had direct contact with the student during the entire school day. They needed to have some idea of how the student was functioning so they could provide a program. If we can utilize these skills that the teacher has learned, in cooperation with the areas that we have expertise in, the joint effort should enhance the overall evaluation.

A. Select tasks for assessment. With the information

that has been obtained, certain skills should come into focus that could be beneficial for training the student. Without these skills, the student has not been able to participate or have the opportunity to participate.

For this phase of the evaluation, tasks should be selected for training which are a high priority for the student, based on the information that has been obtained through parental, teacher, and other support service personnel (including the school psychologist) input. This is also where the ecological inventories completed in Phase III come into scrutiny. To assist in the process of selecting high priority behaviors one might consider the procedure used by White (1980) involving critical functions. These are functional behaviors which are purposeful for the student to learn. Sailor and Guess (1983) have designed a priority matrix that examines eight critical functions (e.g., eating; mobility; horizontal social interactions, involving peers not just older adults; etc.) across domains.

B. Complete task analysis for selected training tasks. Once we have selected the tasks for training we need to complete a task analysis of the selected tasks. The reader must be aware and use caution at this step to avoid certain hazards that even the author has been trapped by in the past. As we develop the task analysis, we are trying to teach a

student a specific skill. When criterion is reached, the student will have the skill learned. Yet, will he or she be able to generalize that skill? Will the movements generalize? If he can wash his face, will he be able to brush his teeth, or will we have to train through the use of another task analysis? Mithaug (1979) compared two major instructional approaches, task analysis and programmed instruction. He defined the two as follows:

Programmed Instruction is:

1. the systematic application of the shaping principle to arrange and present instructional cues and consequences so that
2. high levels of correct responding maintain as
3. the requirements for correct responding gradually change to allow for
4. the reinforcement of responses which successively approximate the terminal behavior.

Task Analysis is:

1. the systematic identification of all materials, movements, and responses of an existing task operation in order to
2. arrange or rearrange these materials, movements, and responses into a sequence

that

3. results in the completion of the original task operation with
4. a maximum of effectiveness and efficiency (pp. 168-169)

Mithaug found that these two approaches in combination were most valuable in training the specific job-related skills necessary for placement. Further, he stated that programmed instruction across different tasks may be more appropriate for career education plans. The task analysis to be effective must be utilized in conjunction with what will be required of the student (i.e., level of independence) in his current and subsequent environments.

When we are designing the task analysis, the individual steps of completing the desired task must be broken down to the same level of generality. Declarative sentences which avoid the use of negatives and contain only one action verb should be used. Finally, we want to be sure that the end result of the task analysis will be a measurable change in the behavior being analyzed (e.g., the face will be washed).

C. Conduct baseline in subenvironment. What the task analysis gives the educator is some indicator of the student's skill level on a particular task (Ysseldyke and Salvia, 1974). This information can be obtained by taking baseline over a predetermined number of days on the separate steps

of the task analysis. The baseline should occur in the natural environment of where we would like the skill to eventually be performed. This means that the school psychologist or the teacher will have to leave their rooms and move about the school, community, or the student's home. There are obvious problems (e.g., transportation, schedules, time, etc.) with this approach. However, if this can be done to any extent, it will provide more information for training purposes. The author has had great success with taking LIH students out of the classroom and moving into natural environments for the purpose of taking baselines and making observations. This approach became the major selling point to this author of why school psychologists need to functionalize their assessment techniques. This might mean taking the student to observe: in the bathroom, self-help skills; to a cafeteria or restaurant, eating skills; to a downtown store, money skills; getting in and out of a car, mobility and gross motor skills. The school psychologist has a somewhat more flexible schedule than the classroom teacher. Though we have discussed time constraints in terms of time per evaluation, the author believes this is a vital component to this approach.

D. Assess/Train through utilization of 1) cues/correction procedures; 2) level of participation; 3) use of adaptive equipment; and 4) use of appropriate reinforcers. Though

the school psychologist will observe, chart, or consult with the teacher about the programs, the teacher will most likely be the one providing direct services. This is not to say that the school psychologist can never work directly with the students in this teaching phase. The author attempts to have some direct contact with the students during this phase. In effect what we are really doing in this phase is first assessing or testing the student's skills, then providing instruction, then assessing again. Budoff and Hamilton (1976) have also researched this type of approach with moderately and severely mentally retarded. Jacobson, Bernal, and Lopez (1973) also used a similar technique in working with a profoundly retarded microcephalic teenager.

Liberty, Haring, and Martin (1981) discuss several strategies on how to assist LIH students in acquiring new skills. These strategies reflect many of the points we have previously discussed. Use of cues/correction procedures are imperative. The author would suggest the reader to review Falvey, Brown, Lyon, Baumgart, and Schroeder's chapter "Strategies for Using Cues and Correction Procedures" in Sailor, Wilcox, and Brown (1980) for a concise yet informative examination of these techniques.

During the training period, the student's handicapping condition must be closely scrutinized. At what level of

participation can the student engage? Points to consider would be if adaptive equipment in the form of modified chairs, positioning apparatus, microswitches, eating, or vocational equipment would enhance the possibilities of the student participating more independently. If so, these changes should be made systematically so as to see what effect they have on the student's performance. This training period will take a longer period of time than any other part of the evaluative process. The duration might also be influenced by how you train. When possible the entire behavior should be attempted during the training session. Even though this might mean that the student must be completely physically assisted at certain steps they have not acquired. This is in contrast to other approaches where specific steps are taught with additional steps being added as the student attains mastery. With the first approach, the initial acquisition stages may go very slow, yet the student will be able to be more fluent at the task as time goes on, having been exposed to combining all of the steps together from the start. When roadblocks do occur, the latter approach might be considered when portions of the task analysis must be broken down into finer steps to analyze the problem.

Liberty et al. (1981) discusses the need for not just organizing how we are going to give cues, but also what we are to do in terms of consequating performance. Many times it is helpful when writing the instructional training plan,

to include what procedure to follow for incorrect responses as well as correct responses. This approach to instruction will clarify certain instructional pitfalls which will introduce unwanted variables.

How do we know if a student has learned a skill? If he does it in one place for three days in a row with 90% accuracy? Research is finding again that this is a luxury that we can not take for granted. Brown et al. (1976) state that it might be better to assure that a functional skill is taught that the student be able to perform the skill in reaction to three different persons, in at least three different settings, in response to at least three different sets of instructional materials, and to at least three different language cues.

E. Take meaningful data more than once. As this process is unfolding, we must keep records of the student's performance in response to what is being presented to them. The only way to do this is to take data in an attempt to measure the effectiveness of what we are trying to teach the student.

It has been the author's experience that there are some educator's who take data, just to be taking data. They collect reams of data, but never look at it. Many never chart the data visually. The difficulty with this is that they never learn to make decisions about what the data is telling

them. When this happens educators might be missing teachable moments to expand on the skills of the student. There are several appropriate resources available which describe data collection and decision making techniques (Smith and Snell, 1978; White and Haring, 1980; Haring, Liberty, and White, 1980) that can be used with LIH populations.

As you start taking data, it must be graphed visually so that you can see what the student's performance is over time. Those who take data and never look at it use the excuse that it takes so long for a LIH student to make progress there is no need to be so precise. Haring, Liberty, and White (1980) suggest that decisions can be made on programs in effect approximately every sixth data day. This is done through the drawing of learning lines which illustrate the student's learning trends.

One final caution when reviewing data is that when it looks like no learning is occurring, those involved usually feel inclined to "step back" to an easier, less complicated version of the skill, possibly even replacing that skill with a prerequisite skill, or changing the consequence for correct performance. Haring et al. (1980) and White et al. (1980) have found that either one of these changes has a low probability of accelerating acquisition behavior on the part of the student. They

state that if learning does not occur it is because we have not arranged an appropriate environment where learning can occur. Instructional strategies on how to respond might need to be altered with a deemphasis on the skill level or consequences. They also state that "stepping back" should only occur if student data is zero for five or six days. If this occurs the entire assessment approach needs to be reviewed. If responses are greater than zero, the student can learn if we arrange a better environment.

PHASE VI: Evaluation of Results

A. Analysis of Phase V. Information obtained through the fifth phase of the process will be the final cue as to whether to accept or reject previous hypotheses postulated by the school psychologist, in terms of the student's abilities. Sharing in the analysis of this information will be the classroom teacher. Results can be compared to those obtained from the previous phases of the approach.

B. Reevaluate inventories/IEP consideration for future objectives. When the first ecological inventories were written down, they were to provide a mind set for the school psychologist to work within while completing the assessment. With observations and results now examined, the inventories need to be reviewed. Are they appropriate? Do they meet the needs of the student? Should one domain be emphasized more than another? These are questions that

need to be asked. In the same manner, based on the inventories and the tasks selected for training from them, are there specific skills that should be considered for future programming. If so, they should be included in the student's IEP. This might also include areas dealing with inappropriate behaviors. From baseline obtained or brief interventive approaches which were used during the training program, does the data indicate these programs should be developed further or continued? If so consideration might be given to adding this to the goals section of the IEP. Another break from tradition might be that the school psychologist sign off with the classroom teacher on the IEP goals that arise from the evaluation. There are those who still feel that the school psychologist loses some of their credibility by being one of the few members of an interdisciplinary team which do not have to write IEPs.

C. Writing evaluation report. The report should be based on the data. It should reflect what the student was able to do. By this time, parents usually have been told or else have a pretty good understanding of what their child can not do. Your presentation will be refreshing, yet on target. By discussing entry level behaviors, what cues/correction procedures, reinforcers, and strategies were applied during the evaluation, parents and other readers of the report will be able to understand the intent of

the report clearly. Use examples when appropriate. Attempt to reduce the jargon of your profession. Recommendations should be specific, based on the data. If not, do not list the recommendation. Remember, it was recommendations like, "Increase Timothy's self-help skills" that brought us into the dilemma in the first place.

Try to include information obtained from the parent/guardian inventory. If this is connected in the report the parents will feel reinforced for their contribution.

D. Parent/Teacher conference and follow-up. Share the report with the parents and the teacher. Ask for questions. Assure them that you will follow-up. Set the first date for follow-up at that meeting. Then follow-up. Reinforce the parents for their efforts. One of the goals of parent/guardian inventory was to solicit information from them that might have a bearing on the student's educational program. If it did, tell them how. The school psychologist should assist the teacher in having the parents become active and cooperative participants in their son or daughter's educational program. To assist, an example of a parent/guardian inventory is illustrated in Figure 5.

Please see Figure 5

PARENT INVENTORY

I. General Student Information

A. Student's Name _____
first middle last

Birthdate _____

Current Address _____ Phone Number _____

B. Parent's Name _____ Phone Number _____

Parent's Address _____ Business Phone No. _____
(if different from student's)

C. Please list names and ages of other children in your family _____

_____

D. Agency or person(s) responsible for primary care of child if other than parent (e.g., group home, ICF/MR, residential program)

Name _____

Address _____

Phone Number _____

E. Social Worker's Name _____ Phone Number _____

F. What type(s) of communications system(s) does your son/daughter use?

_____ verbal (sounds & words) _____ gestures/pointing

_____ sign language _____ other, please specify

_____ picture/language word _____

_____ written message/braille _____

II. Following your son/daughter's completion of their current program where do you anticipate your son/daughter's living situation to be:

A. _____ Urban (what city?) _____

_____ Rural (what county?) _____
(check one)

B. Please indicate the type of living situation you would like your son/daughter to be in:

_____ At home (whose home?) _____

_____ Group home (which one?) _____

_____ Sheltered apartment (which city?) _____

_____ State Institution or other alternative not mentioned. Please specify on the back of this page.

Figure 5

C. Upon completion of their current program, in what type of employment do you expect to see your son/daughter participating:

_____Adult Activity Program (which one?) _____

_____Sheltered Workshop (which one?) _____

_____Competitive Part-time Employment

_____Competitive Full-time Employment

_____Other, please specify _____

_____

D. Are there other types of transportation available in your area other than cars? If so, what? _____

E. Would you be able/be willing to drive your son/daughter to his/her place of employment if such a situation arose?_____ If yes, would you drive, if needed, on a daily basis?_____

III. Home-setting area (domestic)

A. What home-setting activities does your son/daughter presently participate in at home, and how independent is he/she in these activities?

Activity	Degree of Independence (Check one)			
	independent-needs no help	semi-independent needs little help	semi-dependent--needs much help	dependent--needs much help
(for example) makes own bed			X	
_____				
_____				
_____				
_____				
_____				

B. What skills in the home-setting area do you feel your son/daughter needs instruction in?

_____dressing appropriately (for weather conditions)

_____clothing care (hanging up items or placing them in drawers)

Figure 5 (cont'd.)

B. (cont.)

_____meal preparation (table setting, sorting)

_____housekeeping _____feeding

_____toileting _____hygiene/grooming (brushing teeth, combing hair)

_____other, please specify_____

_____

IV. Community Activities

A. What community activities does your son/daughter presently (within last twelve months) participate in, and how independent is he/she in these activities?

Activity	Degree of Independence (check one)			
	independent-needs no help	semi-independent--needs little help	semi-dependent--needs much help	dependent--needs total help
(for example) goes to the clothing store				X
_____				
_____				
_____				
_____				
_____				

B. What activities do you expect your son/daughter to be able to participate in?

_____Use public transportation (bus)

_____Shop for groceries

_____Use a shopping center/mall

_____Cross street

_____Use restaurant

_____Use public recreation facilities (go bowling, swimming, etc.)

_____Visit health services (doctor, dentist, beauty shop, barber, etc.)

_____Other, please specify_____

Figure 5 (cont'd.)

V. Vocational Skills

A. What work responsibilities are being placed on your son/daughter at home, and what is his/her reaction to them?

	Work Demand	Reaction
for example	carries out the trash	does willingly - need not be told
	sets the table	has to be "forced" to do
	feeds the pets	

B. What jobs does your son/daughter seem particularly interested in or really like to do (in or out of the home)?

C. What types of work or occupations (if any) do you object to your son/daughter participating in?

D. If there are any recurring safety problems (fascination with electrical outlets, putting objects in mouth, etc.) please state them.

E. What concerns or comments do you have regarding your son's/daughter's participation in a vocational training program at school or in the community?

Figure 5 (cont'd.)

V. Vocational Skills (cont.)

F. What type of job/occupation would you like your son/daughter working in?

_____

_____

_____

_____

_____

_____

VI. Leisure Skills/Free Time Area

A. What leisure activities does your son/daughter presently (within past twelve months) participate in at home and how independent is he/she in those activities? (dependent, semi-dependent, semi-independent, independent)

Activity	Degree of Independence (Check one)			
	independent--needs no help	semi-independent--needs little help	semi-dependent--needs much help	dependent--needs total help
(for example) plays cards with sister				X
_____				
_____				
_____				
_____				
_____				

Figure 5 (cont'd.)

(Leisure Skills/Free Time Area continued)

B. What community leisure activities does your son/daughter participate in (within past twelve months) and how independent is he/she in these activities?

Activity	Degree of Independence (Check one)			
	independent--needs no help	semi-independent--needs little help	semi-dependent--needs much help	dependent--needs total help
(for example) goes swimming				X
_____				
_____				
_____				
_____				
_____				

C. In what leisure activities would you expect to see your son/daughter participating?

_____Going to movies

_____Attending family outings, eating at restaurant

_____Going to sporting events

_____Attending concerts, plays, dances

_____Visiting the library (story time)

_____Attending carnivals, craft shows, mall shows

_____Attending day camp/summer camp

_____Participating in Church activities

_____Swimming

_____Other_____

_____

Figure 5 (cont'd.)

VII. Additional Information

A. If you have any concerns or comments regarding your son's/daughter's education within each area, please state them.

Home Setting Area _____

_____

_____

Community Activities Area _____

_____

_____

Vocational Skills Area _____

_____

_____

Leisure Skills/Free Time Area _____

_____

_____

Other concerns _____

_____

_____

_____

B. Is there anything else that you would like to tell about your son/daughter not covered by any of the previous questions?

_____

_____

_____

C. Please sign and date this inventory. Thank you for your cooperation.

_____ _____
(Signature) (Date)

Figure 5 (cont'd.)

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Finally, talk with the teacher. You have spent a great deal of time and energy with that person. Discuss the interaction. Can it improve? If so, how? Firm up your follow-up date and go on to the next one!

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